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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/406,603 04/04/2003  
 which is a CIP of 10/036,500 01/07/2002  
 which is a CIP of 10/024,348 12/21/2001 ABN  
 which is a CIP of 09/484,225 01/18/2000 PAT 6,336,926 *Hy*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9900964.9 01/15/1999 *Hy*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/01/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>N.M. Goble</i> Examiner's Signature Initials	UNITED KINGDOM	15	64	3

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## TITLE

Electrosurgical system and method

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
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